WHAT THE MEDICAL PROFESSION CAN CONTRIBUTE TO NURSING EDUCATION[1]

By HENRY B. FAVILL, R.N.

Chicago, Ill.

It is a great pleasure to be here, and in any case I have been so well brought up in hospitals that when a head nurse tells me to do a thing, I do it, but apart from that acquiescence, my acceptance of the invitation to speak here today is an essential gratification to me as it furnishes an opportunity to express the feelings which I have long held upon the question you are considering. I have had large experience with the training of nurses, in a way, and through the years which that experience has covered, I have been very conscious that there was a distinct lack in the contribution made by the medical profession to the education of nurses. I realize, as your president says, that if it had been all in the hands of the medical profession, the education of nurses would have been meagre, halting and difficult; on the other hand, as compared with the contribution the medical profession might have made, what it has made is meagre. When you come to consider the relationship between the nursing body and the medical body you see at once that there is a relationship of interdependence so close as to be practically unique in human affairs. Of course before there were trained nurses, there was a practice of medicine, such as it was. When I say, "such as it was," I mean all that those words convey. The practice of medicine, whether in public or private today, is not what it was before the day of trained nurses. It so happens that there is an almost exact coincidence between modern medicine and trained nursing. Trained nursing began in the late seventies and modern medicine began then. So far as the necessity of the nurse was concerned, it was absolutely dependent upon the new thought of medicine and the progress of that new thought in medicine was absolutely dependent upon the evolution of an adequate trained nurse, so this interdependence is so great that it is inconceivable that there could be any lack of interest by the medical profession in the development of the nursing profession. In the hospital and in public I have often said, and I now repeat, that a hospital is not made by its medical staff; it is made by its training school. In the long run

[1] Read at the joint meeting of the American Nurses' Association, National League of Nursing Education and National Organization for Public Health Nursing held at the Greek Theatre, Berkeley, California, June 23, 1915, with members of the American Hospital Association as guests.

it will be exactly in correspondence with the quality of its training school, yet what have we as physicians done about it? In many ways we have done a good deal, but the fact is we have for the most part depended on having the education of the nurse done for us. What have we contributed? Criticism, not unfriendly criticism, not captious criticism, necessarily, but it has been criticism. Nurses have been furnished us, have been utilized, and have been educated and improved, undoubtedly, through the process of criticism, but it has been essentially negative as far as we have put anything into it. In contrast to that, what could we have done? We might have furnished a constructive program, a constructive contribution of some kind.

What do I mean by that? Of all the words used to juggle and to conjure with, the word constructive is perhaps the easiest and most effective. What does anybody mean by constructive with reference to the question of the education of nurses? I am not sure that I know, but I am going to try and analyze it and see what we do or might mean. Let us stop and consider the evolution of the nurse, from the time she began, as a little girl, to think of what she is going to do, up to the time when she goes ahead and does it. Fortunately most nurses go into nursing for the sake of a job not because they are "called" or have a mission; simply because it is a practical way of getting education and independent living; fundamentally an economic proposition with the great majority.

Why do I say fortunately? Because the foundation upon which a girl could make that choice as a matter of mission would be a foundation so insecure, so lacking in knowledge and intelligence, that she would be almost sure to make a mistake if she went in with the idea of being called, or with the thought of sentiment. I do not decry that, but I realize that in the nature of things such a girl cannot know what she is talking about, or thinking about, so, fortunately, girls do not go in because they are called, but because they want some way to earn a living. On the other hand, the question before us as trainers of nurses and I include myself in this, because I am doing what I can in training schools, is, shall that experience that this young girl has in the training school be and remain a simple economic proposition, the simple acquiring of a job in a skilled trade, or shall it under the experience, under the light which may be shed upon it, under the gradual evolution of the great human aspect of the situation, be made to develop into a mission in the end? That is a very different proposition. I do not care to see the nurse go into training because she feels it is her mission. I do feel that the only way she can go out and adequately justify the situation is with the conviction that she has a mission. You see perfectly well what I mean

by that. The transfer from the mere natural, in going into a mode of livelihood, under the great light and warmth and inspiration of the situation, should be into a highly spiritual production, and there is all the difference in the world between the two situations. That is the thing that we as doctors, must strive for. Do we do it? Are we successful in that effort? In the very nature of things, no, not in general, not universally; and, in the very nature of things, yes, very often, with reference to particular individuals. But after all, are we getting as large a measure of that spiritual quality in our graduates as the situation justifies and demands? I think not. I am not here to say why, exactly, because to do that would mean going too far afield. I simply want to call attention to the situation, but you see, as I outlined this thing, how the term constructive begins to find a scope. There is plenty that can be done along this line of creating an atmosphere, of creating a trend of thought, of creating an interpretation of life. There is obviously a great deal that is constructive, that can be done by somebody, whoever the right somebody may be.

As to the make-up of a nurse, what shall it be? I do not want to stop today to discuss a lot of detail about qualifications or educational qualities, but I believe they should be good enough and high enough, whatever the level may be found to be, and that the same caution should be used in making the standards, that they be not too high, that must be exercised in the medical profession. In the medical profession we came near fixing them too high and had to go back. Do not you do that. As a general rule, a high school standard seems to me a pretty good one. I have seen girls with not very much education that I knew would do well, and girls with more education that I knew it would be a crime to prevent. But on the whole I would say we must have a preliminary educational qualification of considerable consequence. Why? Not because it represents any particular measure of knowledge that this candidate has, or that we want this candidate to have, but because for the most part it is the index of aspiration, and it is the aspiration, not the particular modicum of knowledge that anybody may have that is valuable.

Secondly, although I realize the importance for practical administrative purposes of preliminary educational qualifications, and am willing to agree to whatever standard the nursing profession sets, I am not willing to make it a crucial qualification. It is a matter for the exercise of the wisest judgment and common sense. On the other hand, there is something we want nurses to have before we get through, no matter where they stop, and that is very difficult for me to state. We want nurses to have a point of view, an orientation if you like, of themselves,

with reference to all the problems of life. Well, you say, everybody ought to have that. True, but the nurse more than any other person, except the physician. They are the two people who need a certain understanding, a social orientation above all others that will enable them to know what their relationship is to the great human problems of life. Now there is where we fail, and I do not know but that it is inevitable that we fail. I do not know whether we can ever do it, but I know we want to produce in our graduate nurses a social consciousness that will put them in the place where they belong with reference to the great privileges and obligations which surround them.

And how are we going to do it? What do we want of them? Why do I put such emphasis on this question of social orientation?

Well, remember, that there is a time in the affairs of men, women and children when there is an access to the inner citadel more pronounced, more vulnerable than at any other time, and that is during the prevalence of trouble, of sorrow, of sickness, of pain, of death, or whatever may be involved in all these things. There is a time when all humanity has its guards down and that is the time of contact between the physician and trained nurse and the people.

Now, because of that time, because of that contact, and because of that opportunity, there is a resultant factor and that is obligation. Because we have that opportunity it is absolutely up to us to meet it. And it is that thing that is so hard to bring to nurses, and no harder to bring to them than the physicians, and it is that thing that is absolutely necessary in order to fully round out this educational proposition. We have to teach our nurses that because of the peculiarities of their professional relations, there is an opportunity and a function of leadership, influence, pressure, whatever it may be, an opportunity to be peculiarly influential with people. Nurses do not begin to see that line of differentiation between them and ordinary people but it is there, a line of differentiation between them and anybody else, except the physician, and it is something well worth while teaching them, well worth trying to make them realize, that their very status in the community involves certain obligations and certain limitations that do not belong to other people. That is what I mean by the point of view that we want to bring to them.

What is the leadership? They cannot go out as young girls from the hospital and be very pronounced leaders right off. I am not stopping to argue the question of preparing our girls for social work. I do not want every graduate nurse to be an expert social service nurse; we have to make our selection for that. I do not want every nurse to know the technique of social service. I would like her to know the

lingo, would like her to know the purpose and quality of the social service worker, but I am not arguing for making every nurse a social service worker. No young girl goes out from graduation with any of these qualities strongly developed that are going to make her a leader, yet she is in the position for leadership, and has a perfectly definite moral function looking thereto.

What is her next step? To me this is the crux of the whole situation. The continuation of her education, the continuation of her study, of her effort to improve herself and make out of herself in her ultimate form something which is merely indicated to her in her earlier course, and which, unless developed, leaves her merely a skilled worker, and not a member of a profession.

That is the thing in which we find the great failure in this whole situation. Nurses do not go on, they do not study, they do not work, they do not strive to develop themselves, and thereby raise themselves from the point of being merely members of a skilled trade to the standpoint of a learned profession. It is not within the power of anybody to bring that to pass, except the nurses themselves, with the help we can give, ever looking toward it.

This brings me to another question. Perhaps you thought I never was going to get to it. What can the medical profession contribute to this educational process?

Let me say to you earnestly, without complacency and with humility, that the first thing we can contribute to this situation is to put our own house in order. There is not anyone who knows that better than you do. That is the first step in the proposition so far as strengthening, amalgamating, and adding quality to the relationship between the medical and nursing professions is concerned. That is not said in any harping spirit. I am not blaming us any more than I am blaming you. The point is we are not in a position in reference to these questions, namely, point of view, social consciousness, and continuous development and aspiration, to say that we are in any much better situation than you. The first thing for us to do is to admit that, and get to work to straighten it out.

I cannot take time to discuss the features of that. It simply means that everything I have said with reference to the trained nurse is still more true with reference to the medical profession. Everything I have stated as a desideratum in the trained nurse is still more so in the case of the physician.

Now the question is, if we can clear up our own territory, if we can clean our own house and get things right, what contribution can we make to you, what assistance can we be to you in the situation? Of

course that is rather a large question. There is no end of indirect assistance we can give, no end of positive, affirmative and negative things we can do that will be helpful. It would involve a discussion of relationship between the two professions to really deal with that.

The only thing now I want to talk about just for a minute in closing, is this: in my opinion, it is the bounden duty of the medical profession in its best ranks, in its strongest pedagogic individuals, in its men of largest influence, to participate actively in the formal education of nurses. That sounds as though I were simply appreciating something already existing. It does not exist. Who are called on to deliver lectures to the nurses in training schools? The internes, the fellows just out of school, the smart young fellows who are good assistants, clever, able young fellows, whose interpretation of the situation is worth very little. I am not trying to underestimate my young colleagues, but to make a picture out of which I draw the conclusion, that it is the bounden duty of the strongest, most experienced and most philosophical men in the medical profession to participate in the teaching of nurses in any direction in which their contribution is more valuable than the perfunctory contribution of somebody else. I do not know how that is to be accomplished. The head men are busy. They do not like to do it, they have not the time, and I don't know but that it is a little *infra dig* to go out and lecture to nurses if you are the top man in the profession; maybe it is, I don't know, but it has to be reformed in some way, because the things we have to offer as the result of years of experience and thought and elimination and general interpretation, are the things that only the older and more experienced practitioners have, and are the things that are necessary to give to our nurses; and if we cannot get these things from them, we cannot get them at all.

I am making my statement of belief to you educators of nurses that our greatest contribution comes in forgetting our convenience and giving ourselves as freely as may be asked for the benefit of this general need.

WHY PRIVATE NURSES SHOULD ORGANIZE

By SARA E. PARSONS, R.N.
Boston, Mass.

Perhaps private nurses will say, "We are organized, we belong to our alumnae organizations and to the American Nurses' Association." That may be true, but in this age of specialization and intensive effort these organizations cannot devote themselves exclusively to the interests of the private nurse.